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PTO/SB/21 (09-04)
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Q A Des ANGUETTAL		10/589,271									
OP A PTRANSMITTAL	Filing Date	April 26, 20	April 26, 2007								
%\FORM	First Named Inventor	Robert MAS	Robert MASSEN								
JUL 1 5 2010 🙀	Art Unit	2886	2886								
(to be used for all correspondence after initial filing)	Examiner Name	Sang H. Ng	Sang H. Nguyen								
Total Number of Pages in This Submission	Attorney Docket Number	740612-205	740612-205								
After Allowance Communication to TC											
	Orawing(s)			Appea	al Communication to Board						
Fee Attached	icensing-related Papers				peals and Interferences						
Affidavits/declaration(s) Affidavits/declaration(s) Extension of Time Request Express Abandonment Request	Petition Petition to Convert to a Provisional Application Power of Attorney, Revocatic Change of Correspondence Ferminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on C	Address		(Appea Propri	al Communication to TC al Notice, Brief, Reply Brief) etary Information s Letter Enclosure(s) (please Identify):						
SIGNATURE	F APPLICANT, ATTO	DNEV O	D AC	ENT							
Firm Name	ALLEGARI, ALL	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	70	-141							
Law Offices of Stuart J. Friedman, F	P.C.										
Signature											
Printed name Stuart Friedman											
Date July 14, 2010		Reg. No.	24,312	<u> </u>							
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CERTIFICATE OF TRANSMISSION/MAILING											
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:											
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Date July 14, 2010

PTO/SB/17 (12-04v2)

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005			Complete if Known								
					10/589,27						
						26, 2007					
			First Named Inventor		Robert MASSEN						
Applicant claims small entity status. See 37 CFR 1.27				Examiner Name San			ang H. Nguyen				
				Art Unit 2886							
TOTAL AMOUNT OF PAYMENT (\$) 0				Attorney Docket No. 740612-205							
METHOD OF PAYMENT (check all that apply)											
Check ✓ Credit Card Money Order Other (please identify):											
Deposit Account Deposit Account Number: Deposit Account Name:											
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)											
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FEE CALCULATIO	N										
1. BASIC FILING,	SEARCH, AND E	EXAMINATION F	EES								
	FILING F		SEAR	CH FEES	EXA	MOTAMIN					
Application Type	<u>Fee (\$)</u>	mall Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	<u>Fee</u>	<u> Small </u> (\$) Fee		Fees Paid (\$)			
Utility	300	150	500	250	200	100)				
Design	200	100	100	50	130) 65	5				
Plant	200	100	300	150	160) 8()				
Reissue	300	150	500	250	600	300)				
Provisional	200	100	0	0	() ()				
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Each independent claims Fee (\$) 50 25 Each independent claims Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Pee Paid (\$) Total Claims Extra Claims Fee (\$) Fee Paid (\$) Pee Paid (\$) Extra Claims Fee (\$) Fee Paid (\$) Fee Paid (\$) Total Claims Extra Claims Fee (\$) Fee Paid (\$) Extra Claims Fee (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Total Claims Extra Claims Fee (\$) Fee Paid (\$) Fee Paid (\$)											
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ignature	every !			Attorney/Agent) 2	4,312			JU 1-023-100J			

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Name (Print/Type) Stuart J. Friedman